				NIF	I CI		NTER NURSIN		NT CARE SERVICES DATION	
Name: Work Area: Hire Date:							Manager or Designee: Primary Preceptor: Competency Date: Met Not Met:			
Rea	ason for validation: □ Orientation			Re-v	alidat	tion P	I Follow-up	Other		
Co	Key: 1 = No knowledge/No experienc 2 = Knowledge/No experience competency: Continuous Re		4 :	= Kno	wledg	e/Done with assista te/Done independen that Therapy	ttly (CRRT) – Ma			cumentation Review V = Verbalization r (specify) nplications for a patient requiring
	Behavioral Indicators		Calf Englandian			Assessment	Validator's Signature/Date		I comina December	Comments
	Benavioral Indicators	Self Evaluation			ion	Method	Met	Not Met*	Learning Resources	Comments
1.	States indications for CRRT.	1	2	3	4	V			Unit Orientation	
2.	Assists in insertion of dialysis catheter.	1	2	3	4	D, V			NPCS SOP: Renal Replacement, Care of the	
3.	Obtains CRRT supplies.	1	2	3	4	D, V			Patient Requiring Continuous	
4.	Correctly primes machine.	1	2	3	4	D			Experience with preceptor	
5.	Verifies ordered settings.	1	2	3	4	D, V, DR				
6.	Correctly programs CCRT machine.	1	2	3	4	D				
7.	Connects patient and initiates therapy.	1	2	3	4	D				
8.	Monitors patient for complications.	1	2	3	4	D, V				
9.	Intervenes appropriately in the event of complications.	1	2	3	4	D, V, DR				
10.	Correctly monitors patient for intake and output per unit protocol.	1	2	3	4	D, V, DR				
11.	Documents care of CRRT patient per NPCS guidelines.	1	2	3	4	DR				

Action Plan for Competency Achievement Targeted Areas for Improvement (Behavioral Indicators):
Educational Activities/Resources Provided:
"Hands on" practice planned with preceptor, unit educator, CNS, nurse manager:
Re-evaluation date:
By:
 □ Competency Met □ Competency Not Met
Next Sten: